

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40624

5145

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
c. LENGTH OF STAY (In this place) <u>50 Yrs</u>				d. STREET ADDRESS (If rural, give location) <u>218 North Kensington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>				3088			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frederick</u>		b. (Middle) <u>Chandler</u>		c. (Last) <u>Chandler</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 23 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 10 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Office worker</u>		11. BIRTHPLACE (State or foreign country) <u>Eureka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles E Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Chandler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>510-05-1270-A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carrie E. Chandler Kas. City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> <u>Acute suppurative gall bladder with stone</u> <u>obstructive common bile duct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>584</u> DUE TO (c) <u>584</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>12-5-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute suppurative cholecystitis with stone</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-4</u> , 19 <u>50</u> to <u>12-5</u> , 19 <u>50</u> that I last saw the deceased alive on <u>12-5</u> , 19 <u>50</u> and that death occurred at <u>1</u> P m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Reese</u>		23b. ADDRESS <u>3304 E 12</u>		23c. DATE SIGNED <u>12-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Dec. 7 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crmtery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-6-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Fordter #918 Brooklyn K.C.No.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.